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CONFIRMATION NO. 10/629,427 07/29/2003 630666.91012 6019 Michael J. Yaszemski TITLE OF INVENTION: SPINAL CORD SURGICAL IMPLANT APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE 700 nonprovisional NO \$300 \$1700 10/30/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS MENDOZA, MICHAEL G 3734 606-152000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list _lQuarles & Brady LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. òr agents OR, alternatively, (2) the name of a single firm (having as amember 3014) 2 8888336 178855 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 18623427 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 309.09 DA <u>02 FC:1504</u> 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 03 FC:8001 21.80 DA PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mayo Foundation for Medical Education and Research Rochester, MN Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖪 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date October 4, 2006 Authorized Signature Richard T. Roche 38,599 Typed or printed name Registration No. ___

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